



ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Nevada State Business License Sole Proprietor Exemption

Online exemption application is also  
available at [www.nvsos.gov](http://www.nvsos.gov)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

PRINT LEGIBLY OR TYPE ALL INFORMATION

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form **DOES NOT** relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.

\* Asterisks indicate **required** information. Incomplete forms will be rejected.

### INSTRUCTIONS:

1. This form is for sole proprietors claiming an exemption pursuant to the State Business License provisions of NRS 76.020.
2. If you are exempt from the requirements of the State Business License pursuant to NRS 76.020 enter the applicable code in Section 3:  
  
003 - A home-based business whose net earnings are not more than 66 2/3 percent of the average annual wage  
004 - A natural person whose sole business is the rental of four (4) or fewer dwelling units to others  
005 - A business whose primary purpose is to create or produce motion pictures  
006 - Insurance company doing business pursuant to NRS 680B.020 that does not conduct any business that is not incidental to Title 57 (Div. of Ins. Authority).
3. **File online at [www.nvsos.gov](http://www.nvsos.gov)** or return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
4. The sole proprietor claiming exemption from the State Business License requirement must sign the application. **FORM WILL BE RETURNED IF UNSIGNED.**

1*	Signature must be that of the sole proprietor.  I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. I declare that I am exempt from the provisions of the State Business License pursuant to NRS 76.020.  <table border="1"><tr><td>First Name</td><td>Middle (Optional)</td><td>Last Name</td><td>Suffix</td></tr></table> <table><tr><td><b>X</b></td><td></td></tr><tr><td>Signature of Sole Proprietor</td><td>Date</td></tr></table>				First Name	Middle (Optional)	Last Name	Suffix	<b>X</b>		Signature of Sole Proprietor	Date
First Name	Middle (Optional)	Last Name	Suffix									
<b>X</b>												
Signature of Sole Proprietor	Date											
2	NV Business ID # <input type="text"/> (Required if you have a current Nevada State Business License or had one issued after October 1, 2009)											
3*	I am exempt from the requirements of the State Business License. Cite exemption code <input type="text"/> (See instructions for code)											
4*	Physical Address <table border="1"><tr><td>Physical Street Address</td><td>City</td><td>State</td><td>Zip Code</td></tr></table>				Physical Street Address	City	State	Zip Code				
Physical Street Address	City	State	Zip Code									
5	Mailing Address (if different) <table border="1"><tr><td>PO Box or Street Address</td><td>City</td><td>State</td><td>Zip Code</td></tr></table>				PO Box or Street Address	City	State	Zip Code				
PO Box or Street Address	City	State	Zip Code									
6	Entity Phone ( <input type="text"/> ) <input type="text"/>											
7	Email Address <input type="text"/> <input type="checkbox"/> Check here to receive notices electronically											



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## ePayment Checklist (For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type: ☐ Counter ☐ Mail ☐ Fax

Order Processing Requested:

(Expedite Processing Requires Additional Fees)

☐ Regular Processing ☐ 24-HOUR Expedite ☐ 2-HOUR Expedite ☐ 1-HOUR Expedite

### **Payment by Card** (card holder name and billing address required below)

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Customer Credit Card Number:

V CODE\*

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\* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
4-digit number found on the front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month  Year

Amount to Charge Card: USD \$

### **Order Information** (required)

Entity Name/Order Reference:

#### **Card Holder Information:**

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

### **Payment Authorization**

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**  
\_\_\_\_\_  
Authorized Signature

Not to Exceed Amount: USD \$